

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001747

**Entity Name:** GULF-ATLANTIC REALTY SERVICES, INC.

**Current Principal Place of Business:**

5455 MT. OLIVE ROAD  
CRESTVIEW, FL 32539

**Current Mailing Address:**

5455 MT. OLIVE ROAD  
CRESTVIEW, FL 32539 US

**FEI Number:** 20-1243325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TROELL, LISA A ESQ.  
1201 EGLIN PARKWAY  
SHALIMAR, FL 32579 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CDP  
Name LONG, WILLIAM R  
Address 5455 MT. OLIVE ROAD  
City-State-Zip: CRESTVIEW FL 32539

Title VCDT  
Name LONG, CHRISTINE E  
Address 5455 MT. OLIVE ROAD  
City-State-Zip: CRESTVIEW FL 32539

Title VPS  
Name LONG, CHRISTINE E  
Address 5455 MT. OLIVE ROAD  
City-State-Zip: CRESTVIEW FL 32539

Title D  
Name LONG, SANDRA  
Address 5455 MT. OLIVE ROAD  
City-State-Zip: CRESTVIEW FL 32539

Title D  
Name TUCKER, TONI  
Address 5455 MT. OLIVE ROAD  
City-State-Zip: CRESTVIEW FL 32539

Title D  
Name TUCKER, KEVIN  
Address 5455 MT. OLIVE ROAD  
City-State-Zip: CRESTVIEW FL 32539

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM R LONG

**OWNER**

**03/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date